

The Update is a bi-weekly web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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Everyone Can Help Make Breastfeeding Easier, Surgeon General Says in "Call to Action"

On January 20, 2011 Surgeon General Regina M. Benjamin issued a "Call to Action to Support Breastfeeding" outlining steps that can be taken to remove some of the obstacles faced by women who want to breastfeed their babies.

"Many barriers exist for mothers who want to breastfeed," Dr. Benjamin said. "They shouldn't have to go it alone. Whether you're a clinician, a family member, a friend, or an employer, you can play an important part in helping mothers who want to breastfeed."

"Of course, the decision to breastfeed is a personal one," she added, "no mother should be made to feel guilty if she cannot or chooses not to breastfeed."

While 75 percent of U.S. babies start out breastfeeding, the Centers for Disease Control and Prevention says, only 13 percent are exclusively breastfed at the end of six months. The rates are particularly low among African-American infants.

Many mothers who attempt to breastfeed say several factors impede their efforts, such as a lack of support at home; absence of family members who have experience with breastfeeding; a lack of breastfeeding information from health care clinicians; a lack of time and privacy to breastfeed or express milk at the workplace; and an ability to connect with other breastfeeding mothers in their communities.

Dr. Benjamin's "Call to Action" identifies ways that families, communities, employers and health care professionals can improve breastfeeding rates and increase support for breastfeeding:

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Bureau of Oral and Health Delivery Systems (OHDS)

The Oral Health Bureau and the Bureau of Health Care Access within the Division of Health Promotion and Chronic Disease Prevention has been combined to form the **Bureau of Oral and Health Delivery Systems (OHDS)**.

The merger is one of many strategies the department is taking in an effort to implement SF2088, State Government Reorganization, and specifically Division 5, which addresses span of control. At the same time, the merger builds on a common mission of the two bureaus to improve access to health care and the shared goal of supporting the development of a system that assures access to health care inclusive of oral health care.

Over the next several weeks, Bob Russell and Doreen Chamberlin will be working with bureau staff to fully implement this merger, clarify roles and responsibility, blend some of the fiscal aspects of the merger, and determine how we can achieve even greater efficiencies within the bureau.

An organizational chart for the new Bureau of Oral Health Delivery Systems is available on page 9 of **The UPdate**.

Everyone Can Help Make Breastfeeding Easier, Surgeon General Says in “Call to Action”



- Communities should expand and improve programs that provide mother-to-mother support and peer counseling.
- Health care systems should ensure that maternity care practices provide education and counseling on breastfeeding. Hospitals should become more “baby-friendly,” by taking steps like those recommended by UNICEF/WHO’s Baby-Friendly Hospital Initiative.
- Clinicians should ensure that they are trained to properly care for breastfeeding mothers and babies. They should promote breastfeeding to their pregnant patients and make sure that mothers receive the best advice on how to breastfeed.
- Employers should work toward establishing paid maternity leave and high-quality lactation support programs. Employers should expand the use of programs that allow nursing mothers to have their babies close by so they can feed them during the day. They should also provide women with break time and private space to express breast milk.
- Families should give mothers the support and encouragement they need to breastfeed.

Family members can help mother’s prepare for breastfeeding and support their continued breastfeeding, including return to work or school.

“I believe that we as a nation are beginning to see a shift in how we think and talk about breastfeeding,” said Dr. Benjamin. “With this ‘Call to Action,’ I am urging everyone to help make breastfeeding easier.”

To order printed copies of the Surgeon General’s “Call to Action to Support Breastfeeding” and other materials, call 1-800-CDC-INFO or e-mail cdcinfo@cdc.gov. To view the “Call to Action” go to www.womenshealth.gov.



Spotlight on: St. Luke's Family Health Center

How many state contracts does St. Luke's Family Health Center hold?

St. Luke's Family Health Center, located in Cedar Rapids, holds two state contracts, including Title X Family Planning and the Iowa Initiative, a program that aims to reduce the high rate of unintended pregnancies among Iowa women ages 18-30 through networking, research and public outreach.

How many counties (rural/urban) does St. Luke's Family Health Center serve in its various programs?

St. Luke's Family Health Center provides services in Linn, Jones and Benton counties.

How many people does St. Luke's Family Health Center employ?

There are 18 employees that work for the Family Health Center.

How long have has St. Luke's Family Health Center been a Title X contractor?

St. Luke's Family Health Center has provided Title X services for over 35 years.

What population does the St. Luke's Family Health Center serve?

St. Luke's Family Health Center has eight outreach locations that provide services, they include:

- Anamosa (weekly)
- Monticello (2x/month)
- Mt. Vernon (2x/month)
- Vinton (2x/month)
- Community Health Free Clinic (1x/month)
- Kirkwood College (2x/month)
- Cornell College (3-4x/month)
- ASAC (drug treatment program for women with children and pregnant women) (2-3x/month)

St. Luke's Family Health Center serves a very large population of college students and rural women at our outreach clinics. We provide OB and FP services at all locations, except the colleges. We remove any barriers due to transportation to these rural communities through the services provided in these locations multiple times per month.

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Spotlight on St. Luke's Family Health Center *continued*

What is a strength of the St. Luke's Family Health Center Title X program, including any best practice(s)?

Particular strengths of the St. Luke's Family Health Center Title X program include:

- Our partnership with local physician offices in the rural communities. We are able to use space within their clinics at no charge to us. We have established a very strong rapport with these physician offices to refer their patients to use for OB and Gyn care/FP services. They do not feel threatened that we are going to take their patients from them, they refer to us for services and then we direct the patient back to them for primary care as needed. We have proven to them that we can reduce their bad debt and unpaid bills from these patients by referring them to us so that the women can get affordable birth control, exams and services and not stick them with the bills each month for their depo shots, exams, etc.
- We have a strong advertising component and use many different methods of advertising for our services in all of the counties that we serve. Some of the methods that we use are: Bridal Guide, theatre, local women's magazines, texting feature via radio and newspaper ads, city buses, bus stops at the local colleges, ads of Facebook pages of the appropriate population that we are trying to target (ages 12-40), and radio on multiple stations.
- We will be going LIVE to an electronic health record on March 1, 2011!
- We went to a "team" approach June 1, 2010 consisting of three full-time teams to provide care for our patients. Each team consists of one provider, one RN and one MA that each has their own schedules for the day. Patients have given us very positive feedback since going to these teams and have commented on how nice it is to see the same provider each time that they come in to be seen whether it is for an office visit or their annual exam. They like consistency in staff that they deal with and really get to know the staff. This has worked much better for our clinic from a follow up perspective on labs, phone calls, etc., since staff get to know the patients more personally when they see them over and over again for visits.

How someone benefitted from Title X services provided by St. Luke's Family Health Center...

We have many patients who started coming to us while they were in high school or college and have continued to come back to use year after year for their annual exams, from as far away as Los Angeles, Chicago and Florida, to name a few. We love to see these patients back and hear that they wouldn't go anywhere else for their annual exams!



Val Campbell, St. Luke's Family Health Center

continued on next page

Spotlight on St. Luke's Family Health Center *continued*

A little about some of the staff at St. Luke's Family Health Center ...

Val Campbell (Manager - St. Luke's Family Health Center and Dental Health Center): Val has been working in and managing public health clinics for 18 years, and loves community/public health. She has especially enjoyed getting to know and working with IDPH staff over the last 18 years. Val has very tenured staff working in the family health center, her RN's have all been with the hospital for an average of 30+ years each, Dr. Stephen Sladek (medical director) has been with our program for 25 years. Val's ARNP's have been with the center for over seven years. The family health center has one trained ARNP who does colps, endometrial biopsies and cyro procedures for us in clinic and Dr. Sladek does these as well, in addition to LEEP's. Val's clerical staff are absolutely wonderful with patients on the front end, and the center always gets glowing comments on satisfaction surveys on how nice patients are treated at check-in and when calling our clinic to set-up appointments or triage. The center has a wonderful social worker who works in our clinic to help patients deal with social issues/community resources, when needed. Val also has three wonderful medical assistants that are part of the team, and the clinic couldn't flow smoothly without them.



2011 IOWA
Governor's
CONFERENCE ON PUBLIC HEALTH
Promote ■ Prevent ■ Protect

Preventing Chronic Disease and Improving Public Health
April 5-6, 2011
Scheman Conference Center, Ames

Administration/Program Management

Mark Your Calendars!

The Bureau of Family Health has established dates for CAREs and Child Health/EPsDT trainings during the months of **March through November 2011**. We encourage any agency staff to attend - either new staff or experienced staff who would like a refresher. The CAREs training is the 'user' training on how to enter information in CAREs. The Child Health/EPsDT program training presents an overview and detail on each of the services within the child health program.

The CAREs training will be held from 10 a.m. - 12 p.m. and the *Child Health/EPsDT - Serving Iowa's Children and Families* training will be held from 12:30 p.m. - 4 p.m. All trainings will be held at the Lucas State Office Building, in Des Moines. See the dates and conference room locations below:

- Wednesday, March 23 - Conference Room 518
- Wednesday, April 27 - Conference Room 518
- Wednesday, May 25 - Conference Room 518
- Thursday, July 21 - Conference Room 517
- Wednesday, August 24 - Conference Room 518
- Thursday, September 29 - Conference Room 518
- Thursday, October 20 - Conference Room 517
- Wednesday, November 30 - Conference Room 518

Please e-mail Erin Parker or Janet Beaman with the names of staff from your agency that will attend on selected dates. Specify which training each staff member will attend (CAREs or Child Health/EPsDT or both). Also know that our space is limited. If seating capacity fills, we may need to request that future dates be selected.

If you have questions, please contact:

- Erin Parker: eparker@idph.state.ia.us, (515) 725-2166
- Janet Beaman: jbeaman@idph.state.ia.us, (515) 281-3052
- Carol Hinton: chinton@idph.state.ia.us, (515) 281-6924

Home Visiting Program Inservice and Bureau of Family Health Grantee Committee Meeting

Minutes and the PowerPoint presentation from the January 20, 2011 Home Visiting Program Inservice can be downloaded from pages 10-24 of **The UPdate**. The Bureau of Family Health Grantee Committee meeting will be held on February 15, 2011 from 9 a.m. to 12 p.m. A listing of ICN sites and a meeting agenda can be downloaded from pages 25-27 of **The UPdate**.

Calendar

February 9, 2011
ECI Day on the Hill

February 10, 2011
ECI Congress

February 15, 2011
Bureau of Family Health Grantee Committee Meeting
9-11:30 a.m, ICN

March 10, 2011
MCH Advisory Council Meeting, 1-3 p.m., Iowa
Lutheran Hospital, Conference Room 1

*April 5-6, 2011
2011 Iowa Governor's Conference on Public Health
Scheman Conference Center, Ames

June 9, 2011
MCH Advisory Council Meeting, 1-3 p.m., Iowa
Lutheran Hospital, Conference Room 1

* Required meeting

FEBRUARY Contract Required Due Dates

15 - Due: Electronic
Expenditure Workbooks

28 - Export WHIS Records to
IDPH



THE UPdate



Bureau of Family Health: 1-800-383-3826
Teen Line: 1-800-443-8336
Healthy Families Line: 1-800-369-2229
FAX: 515-242-6013

NAME	PHONE	E-MAIL
Beaman, Janet	281-3052	jbeaman@idph.state.ia.us
Boltz, Rhonda	281-4926	rboltz@idph.state.ia.us
Borst, M. Jane (Bureau Chief)	281-4911	jborst@idph.state.ia.us
Brown, Kim	281-3126	kbrown@idph.state.ia.us
Connet, Andrew	281-7184	aconnet@idph.state.ia.us
Cox, Jinifer	281-7085	jcox@idph.state.ia.us
Dhooge, Lucia	281-7613	ldhooge@idph.state.ia.us
Ellis, Melissa	242-5980	mellis@idph.state.ia.us
Goebel, Patrick	281-3826	pgoebel@idph.state.ia.us
Hageman, Gretchen	745-3663	ghageman@idph.state.ia.us
Hinton, Carol	281-6924	chinton@idph.state.ia.us
Hobert Hoch, Heather	281-6880	hhobert@idph.state.ia.us
Hoffman, Andrea	281-7044	ahoffman@idph.state.ia.us
Horak, Shelley	281-7721	shorak@idph.state.ia.us
Horras, Janet	954-0647	jhorras@idph.state.ia.us
Hummel, Brad	281-5401	bhummel@idph.state.ia.us
Johnson, Marcus	242-6284	mjohnson@idph.state.ia.us
Jones, Beth	333-1868	bjones@idph.state.ia.us
Mathews, Renee	281-6071	rmathews@idph.state.ia.us
McGill, Abby	281-3108	amcgill@idph.state.ia.us
Miller, Lindsay	281-7368	lmiller@idph.state.ia.us
Montgomery, Juli	242-6382	jmontgom@idph.state.ia.us
O'Hollearn, Tammy	242-5639	tohollea@idph.state.ia.us
Parker, Erin	725-2166	emparker@idph.state.ia.us
Pearson, Analisa	281-7519	apearson@idph.state.ia.us
Peterson, Janet	242-6388	jpeterso@idph.state.ia.us
Piper, Kim	720-4925	kpiper@idph.state.ia.us
Thorud, Jennifer	281-0219	jthorud@idph.state.ia.us
Trusty, Stephanie	281-4731	strusty@idph.state.ia.us
Vierling, Sonni	281-8287	svierlin@idph.state.ia.us
Wheeler, Denise	281-4907	dwheeler@idph.state.ia.us
Wolfe, Meghan	242-6167	mwolfe@idph.state.ia.us

Area code is 515

Bureau of Oral and Health Delivery Systems (OHDS)
Public Health Dental Director – Dr. Bob Russell

EO3 Doreen Chamberlin
Bureau Coordinator

- AA1 K. Wooddell
- PP2 A. Janssen
- PP3 S. Meister
- Sec1 R. Davis
- PP2 L. Burnside

Oral Health Center		Iowa Health Workforce Center		Center for Rural Health and Primary Care
<ul style="list-style-type: none">- CHC T. Rodgers- CHC S. Schlievert- PHDH M. Brinkman- PHDH H. Miller		<ul style="list-style-type: none">- EO2 M. Holst- EO2 E. Drinnin- CHC (Vacant)		<ul style="list-style-type: none">- CHC B. Bentz- PP3 A. Seip- PP3 G. Vermie- PP3 K. Jerkins- PP3 K. Payne

Affordable Care Act Maternal, Infant, Early Childhood Home Visiting Program
Public Health ICN

Opening remarks: Janet Horras at 0900, January 20, 2011

PowerPoint slides are available on the Iowa Department of Public Health website and by contacting Janet Horras.

Ms. Horras presented information regarding the background and purpose of the Maternal, Infant, Early Childhood Home Visiting program. An advisory group was established according to federal guidance. It is comprised of a mix of public and private representatives.

The federal application process was reviewed. The state has completed an initial application and a state needs assessment. The third and final phase is an updated state plan. We are still awaiting guidance as of 1/20/11. We anticipate that our updated state plan will be due 90 days after the guidance is released.

Ms. Horras reviewed the process that was used to develop the state's needs assessment. The state was required to gather specific statistics, review existing needs assessments, and to identify at-risk communities. In addition we conducted a comprehensive survey of all family support programs in Iowa and received 285 responses. An unintended learning from the family support survey process was that funding needs to be set aside for computer-related technology upgrades across the state.

Five priorities were developed from the needs assessment results:

- Increase the number of families served by evidence-based home visiting programs
- Develop a statewide maternal, infant and early childhood home visiting data systems capabilities
- Reduce barriers to access to health care, mental health care, substance abuse treatment and counseling, and dental care for low income families
- Develop home visiting infrastructure with focus on quality and systems coordination
- Support health home environments and stable family relationships to protect families from domestic violence and child abuse and neglect

Ms. Horras shared the results of different methodology to determine at risk communities in Iowa. Method one compared each community (county) against the statewide average for 15 different risk characteristics. Communities that were higher than the statewide average received a score of one for that characteristic. Communities that were lower than the statewide average received a score of zero for that characteristic. Method two compared communities against each other versus the statewide average. Both methods resulted in nearly identically communities being listed. We also shared the top twenty communities that have the most need for home visiting. This was based on the capacity information reported by individual programs in the 2010 Home Visiting Survey compared to the Woods and Poole data for the zero to five populations for that community.

Ms. Horras emphasized that there is much that we do not know yet about how this grant will be implemented in Iowa until we receive the guidance for phase three.

Ms. Horras reviewed frequently asked questions that were submitted in advance of this ICN presentation. Please review the PowerPoint slides for the questions and the answers provided.

We then reviewed what next steps would take place:

- Provide at a minimum, quarterly updates
- Submit supplemental request for information (round 3)
- Develop community-based request for proposal
- Explore capacity to identify high risk populations not evident by county level data.

The PowerPoint contains helpful links to additional information and resources including Ms. Horras' contact information.

Additional Questions and Answers:

Question from Black Hawk County: Do not understand how the existing capacity to provide home visiting services was calculated?

Answer: Community level home visiting capacity was determined by utilizing the capacity information reported by home visiting programs in their response to the 2010 home visiting survey compared to the zero through five population amounts for the community.

Question from Marion County: Who will oversee the state family support credentialing program?

Answer: Janet Horras will continue many of her prior duties including the state credentialing program.

Question from Remsen: If county is not on the list, does that mean that they are not eligible to apply for funds?

Answer: We really cannot answer without the guidance. There may be specific communities within a county that can be determined to meet the guidelines of an at risk community.

Question: How is substance abuse data gathered?

Answer: IDPH has regional substance abuse data. Please refer to the Needs Assessment for data sources used.

Comment regarding capacity: Communities could increase their capacity with more funds.

Question from Columbus Junction: Is the \$900K a one-time amount?

Answer: This is intended to be a five year proposal for funds. Jane Borst addressed the question – don't know at this time. States without prior funding are at a disadvantage to show quick results. Hopeful that there will additional funding over the years

Question from Buena Vista: Is there a possibility that the state will be able to find additional funding?

Answer: The state of Iowa already puts more funds than most other states into home visiting programs. IDPH is always looking for additional sources of funds. Public-private sources/agreements need to be pursued. There will be a significant challenge to maintain the existing funds from the state of Iowa.

Question from Remsen: If there is not enough interest in applying for funds from all the identified at risk communities, what will happen to the funds then?

Answer: IDPH will make every effort to get the maximum funds out to communities.

Question from Ottumwa: How much is a state data system going to cost?

Answer: IDPH has started reviewing what systems are in place. It is premature to know how much program development will cost.

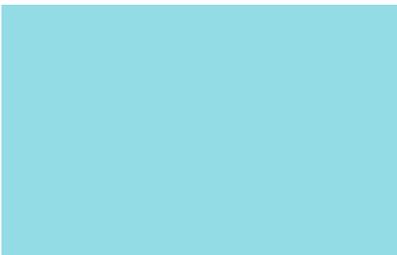
Question from Woodbury Co: How much of the \$900K is likely to go to the communities vs. stay at the state? How is the \$900K broken down?

Answer: This is the amount of the entire grant. At this point in time we do not know the exact amount of funding that will be available to local communities. It is the intent of IDPH to fund high quality home visiting programming.

Question from Muscatine: Is there a specific amount of funding that has to go to evaluation?

Answer: We do not know at this time. We do know that evaluation is a very important component of any rigorous, evidence based program

Summary: Please know that we shared with you today what we think we know. Without the specific guidance, we do not know the answers too many of your questions.



Affordable Care Act

**Maternal, Infant, Early Childhood
Home Visiting Program**

Public Health ICN

Overview



- Background
- Application Process
- 2010 Home Visiting Survey
- Needs Assessment Results
- What We Don't Know
- What We Think We Might Know
- Frequently Asked Questions



Background



- History Prior to the Legislation
- Purpose of the Funds
- Federal Home Visitation Advisory Group





Federal Application Process

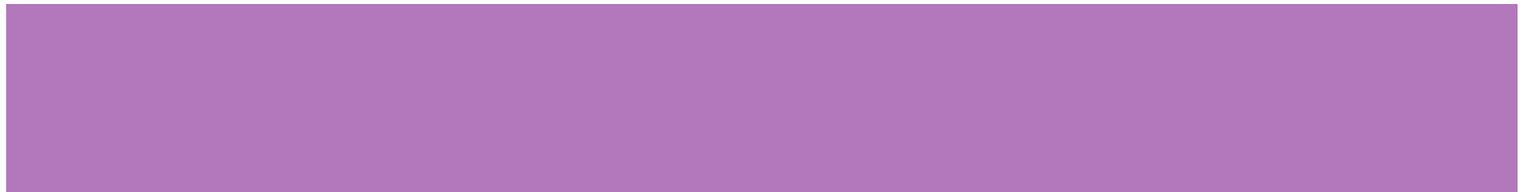
- **First Step:** Initial Application (Done!)
- **Second Step:** State Needs Assessment (Done!)
- **Third Step:** Updated State Plan



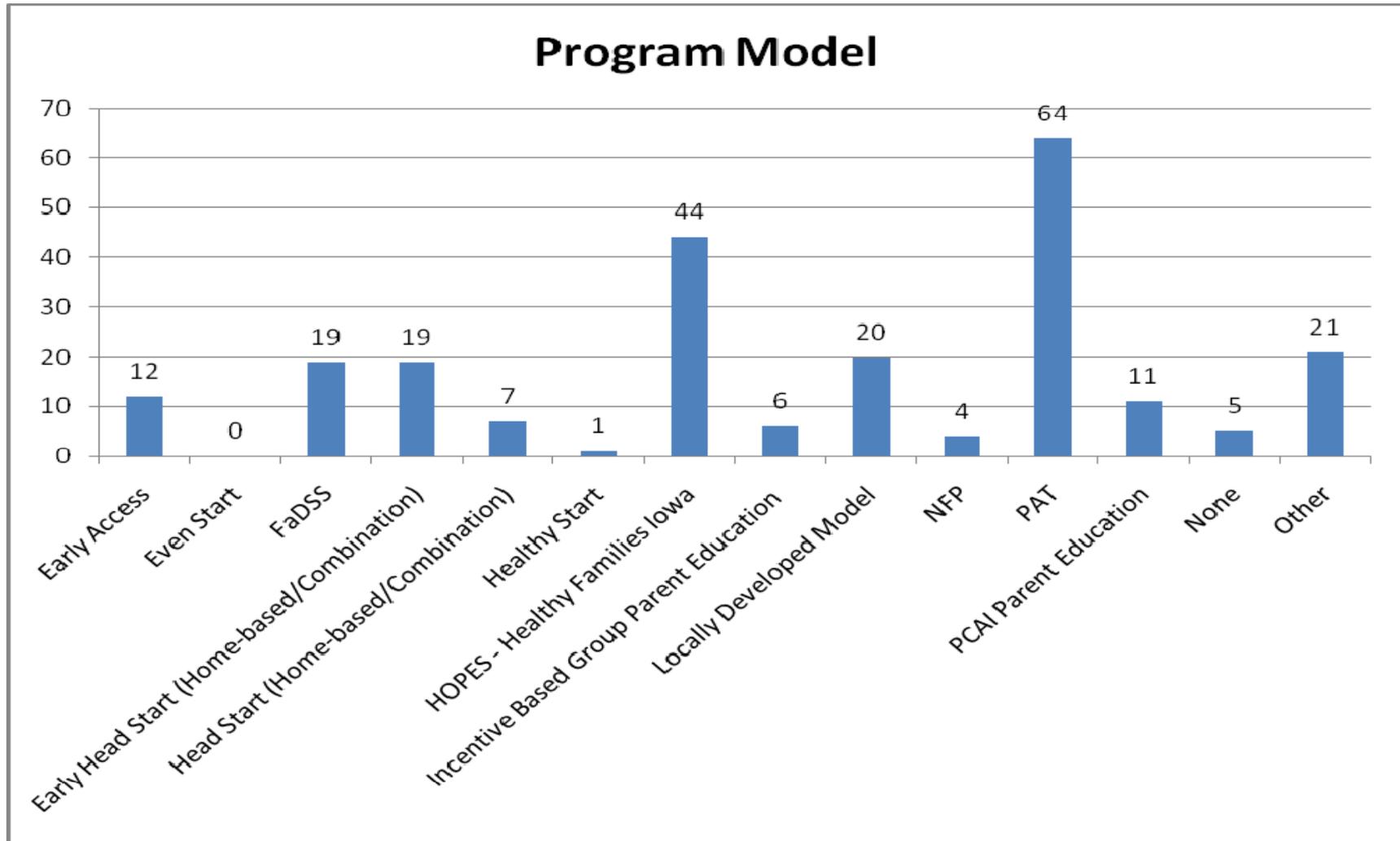


Needs Assessment Process

- Gather All Required Data
- Identify At-Risk Communities
- 2010 Home Visiting Survey
 - Attempted to gather information from all family support programs in Iowa (home visiting and group based)
 - 285 # of responses

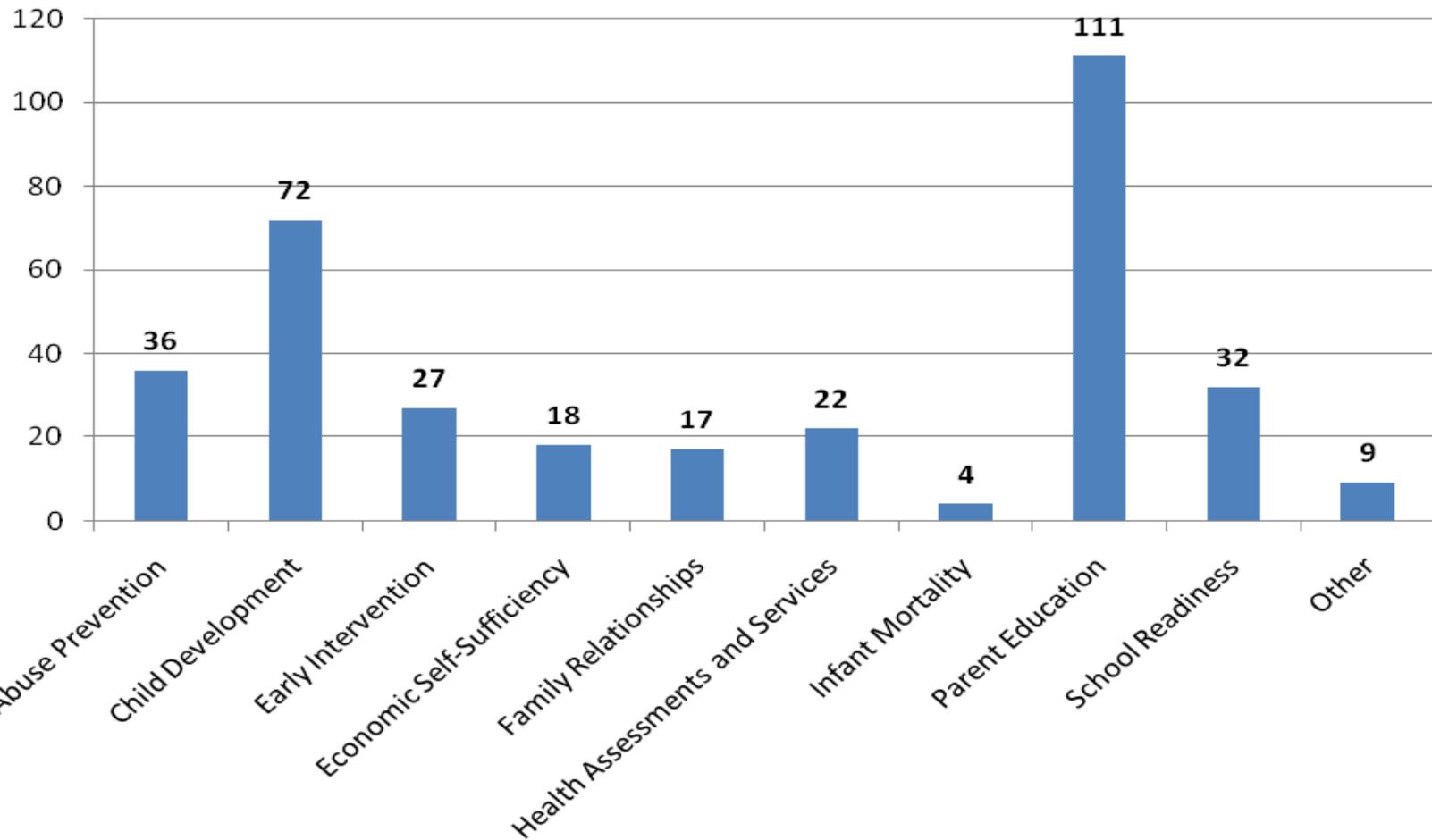


2010 Home Visiting Survey



2010 Home Visiting Survey

Primary Purpose of Home Visiting Program





Needs Assessment Priorities

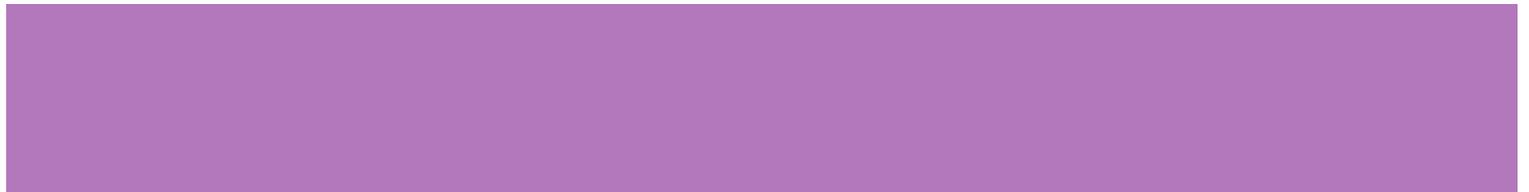
- Increase the number of families served by evidence-based home visiting programs
- Develop a statewide maternal, infant and early childhood home visiting data systems capabilities
- Reduce barriers to access to health care, mental health care, substance abuse treatment and counseling, and dental care for low income families



Needs Assessment Priorities



- Develop home visiting infrastructure with focus on quality and systems coordination
- Support healthy home environments and stable family relationships to protect families from domestic violence and child abuse and neglect



Needs Assessment Results

Indicators that were included in the calculation and selection of communities at risk include the following:

2009 Percent of Births Premature	2009 Infant Mortality Rate
2008 All People Poverty Census	2000 Child Poverty
2009 Confirmed Child Abuse and Neglect	2010 (June) Percent Unemployment
2006-2008 Binge Alcohol Prevalence	2009 High School Dropout Rate
2009 Juvenile Crime (0-18)	2009 Crime Rate per 1000
2009 Domestic Violence Rate	2009 Percent of Mothers with greater than High School Degree
2009 Smoking 3rd Trimester of Pregnancy Rates	2009 4th Grade Reading Percent Proficient
2009 Percent Low-birth Weight Infants	

At Risk Communities

Method One – Top 20:

Pottawattamie	Black Hawk	Clinton
Woodbury	Appanoose	Scott
Wapello	Buena Vista	Lee
Cerro Gordo	Des Moines	Hamilton
Marshall	Webster	*Decatur
Jefferson	Muscatine	Page
*Emmet	Montgomery	

**Only appear on one list*

At Risk Communities

Method Two – Top 20:

Lee	Appanoose_	Black Hawk
Clinton	Wapello	Woodbury
Des Moines	Montgomery	Cerro Gordo
Webster	Pottawattamie	Buena Vista
Scott	*Clarke	Hamilton
Page	Marshall	*Union
Muscatine	Jefferson	

**Only appear on one list*

Existing Home Visiting Capacity

Most in need based on capacity:

Linn

Clay

Muscatine

Polk

Clayton

Black Hawk

Scott

Cerro Gordo

Clinton

Des Moines

Wapello

Pottawattamie

Appanoose

O'Brien

Johnson

Lee

Wright

Decatur

Jefferson

Emmet

Counties that are underlined appear on all three lists



What We Don't Know

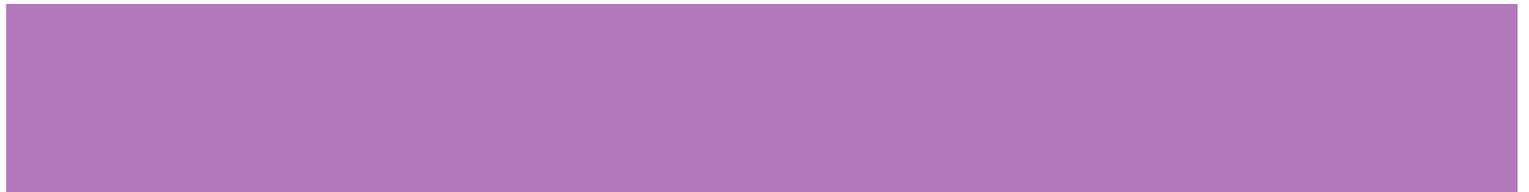
We don't know:

- 1) what model/s we will implement
- 2) the number of grants we will fund
- 3) when funding will be available
- 4) the application process for distributing the funds
- 5) the capacity to identify high risk populations not identified with county level data



What We Think We Might Know

- Initial available funding amount to low
- Eligible programs must meet federal definition of evidence based model
- Needs assessment will drive identification of targeted communities and model selection
- Anticipate three types of funding at the local level:
 - Planning grants
 - Implementation grants
 - Expansion grants





Frequently Asked Questions

Question 1:

Is every county eligible for funding?

Answer:

There are limitations based on the amount of available funding and the federal legislation. Federal guidance is specific that these funds must be targeted to “at-risk” communities.





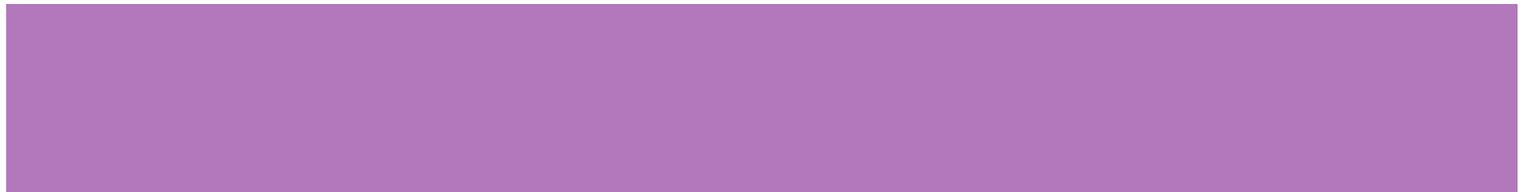
Frequently Asked Questions

Question 2:

Are only MCH programs allowed to apply for funding?

Answer:

No, it is not the intent of the federal legislation, nor the Department of Public Health, that eligible entities would be limited to only MCH agencies/programs.





Frequently Asked Questions

Question 3:

Will only one application per county be allowed?

Answer:

A decision has not been made, however, the ability to demonstrate collaboration and strong community partnerships will be key in a successful application.





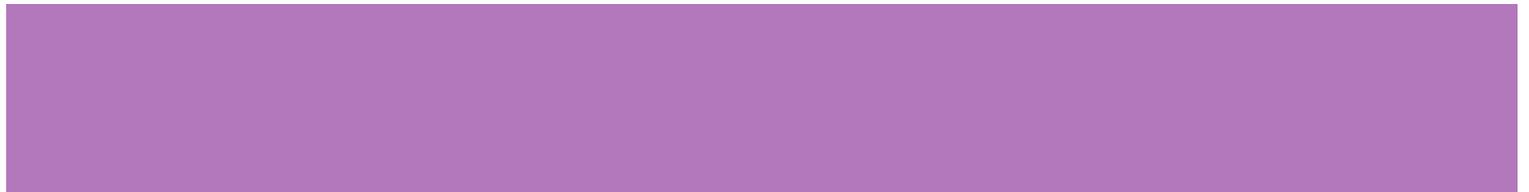
Frequently Asked Questions

Question 4:

What home visiting models are we looking at?

Answer:

What we know at this time is that evidence based home visitation programs are the priority. Up to 25 percent of the funds can be used to support innovative home visitation programs that do not meet the rigor of evidence but a portion of the funds must be then used for evaluation purposes.





Frequently Asked Questions

Question 5:

What TA will be available prior to and during the anticipated RFP?

Answer:

- 
- A Grant Writing ICN will be held prior to the release of the RFP (not specific to the HV grant.)
 - IDPH will provide detailed instructions to complete the RFP. IDPH anticipates providing a bidder's conference. The bidder's conference will review the information contained in the RFP.
 - At least two rounds of Q & A will be available to clarify RFP questions. No TA specific to the application will be available during the RFP process.
- 
- 



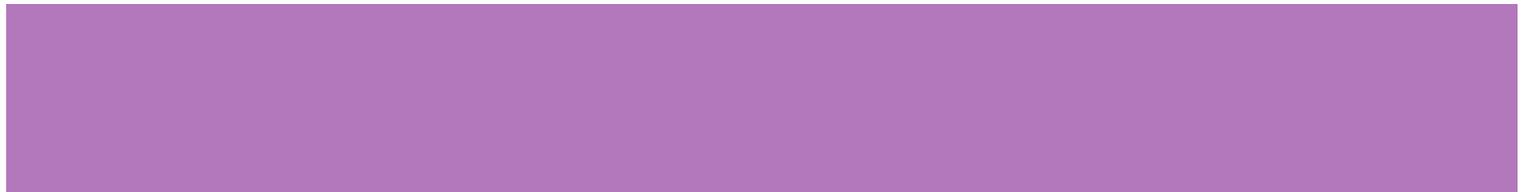
Frequently Asked Questions

Question 6:

What expertise is available at the state level?

Answer:

IDPH has hired a state home visitation program coordinator and a program assistant. Both are Bachelor's prepared with additional graduate studies completed. They have a combined 34 years of experience in delivering home visitation services.





Frequently Asked Questions

Question 7:

How do these funds interface with Early Childhood Iowa (Empowerment), Shared Visions, HOPES-HFI dollars?



Answer:

Currently the funds listed above work together to blend resources to expand or maintain services to families. The new funds can also be used to expand services to families with evidence based home visitation.





Frequently Asked Questions

Question 8:

*How does the new funding impact the home visitor programs currently implemented with Early Childhood Iowa (Empowerment) funding?
Is this a completely separate program?*

Answer:

The funds are administered separately at the state level, but may be used collaboratively at the local level.





Frequently Asked Questions

Question 9:

What will happen to home visitor programs in the rest of the counties throughout the state?

Answer:

Assuming that they are not expanded, they will still receive the benefit of the new funding stream. The new funding stream also has a focus on building state infrastructure to support quality home visitation.



Next Steps



- Provide at a minimum, quarterly updates
 - Develop a webpage on IDPH website
- Submit Supplemental Request for Information (Round 3)
- Develop community-based RFP
 - Notice of funds posted to IDPH website
 - Letters to LBOH in priority counties
- Explore capacity to identify high risk populations not evident by county level data



Resources

Link to Federal Legislation

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h3590enr.txt.pdf

Pew Home Visiting Campaign

http://www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=52756

Pew Summary

http://www.pewcenteronthestates.org/uploadedFiles/wwwpewcenteronthestatesorg/Initiatives/Home_Visiting/HV_Health_Care_Reform_Summary_FINAL.pdf

Resources

Federal Guidance

<https://grants.hrsa.gov/webExternal/FundingOppDetails.asp?FundingCycleId=E24F384A-7290-49D0-A393-EED7F542B618&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=&pageNumber=&version=&NC=&PopUp>

Federal Proposed Criteria

<http://edocket.access.gpo.gov/2010/pdf/2010-18013.pdf>

Iowa Needs Assessment

http://www.idph.state.ia.us/hpcdp/common/pdf/family_health/home_visiting_assessment.pdf



For More Information

Contact:

Janet Horras

State Home Visitation Program Coordinator

Public Health – Bureau of Family Health

E-mail: Janet.Horras@idph.iowa.gov

Phone: 515-954-0647 or

1-800-383-3826



BUREAU OF FAMILY HEALTH GRANTEE COMMITTEE MEETING
February 15, 2010
9-11:30 a.m.
ICN Sites

<p>Ames Ames High School 20th & Ridgewood Phone: 515-817-0600 Primary Local Site Contact: <i>Lance Wilhelm – 515-268-6670</i></p>	<p>Iowa City Iowa City Public Library 123 South Linn Street, Meeting Room D Phone: 515-356-5200 Primary Local Site Contact: <i>Brian Visser – 515-887-6025</i></p>
<p>Burlington Great Prairie AEA 3601 West Avenue Phone: 319-753-6561 Primary Local Site Contact: <i>Anne Aney – 319-753-6561</i></p>	<p>Knoxville Knoxville High School 1811 West Madison, Room 125 Phone: 641-842-2173 Primary Local Site Contact: <i>Paul Emerick– 641-842-2173</i></p>
<p>Carroll Carroll High School 2809 North Grant Road, Room A169 Phone: 712-792-8010 Primary Local Site Contact: <i>Kelly Fischbach – 712-792-8010 x221</i></p>	<p>Mason City Newman Catholic High School 2445 19th SW Phone: 641-421-4436 Primary Local Site Contact: <i>Shari Rottinghaus – 641-421-4433</i></p>
<p>Cedar Rapids Department of Human Services 411 3rd Street SE, 5th Floor, Room 550 Phone: 319-892-6700 Primary Local Site Contact: <i>Pat Lynch – 319-892-6717</i></p>	<p>Muscatine Muscatine Community College 152 Colorado Street, Larson Hall, Room 60 Phone: 563-288-6001 Primary Local Site Contact: <i>Gail Spies– 563-288-6005</i></p>
<p>Council Bluffs Iowa School for the Deaf - 1 3501 Harry Langdon Boulevard, Careers Bldg, 2nd Floor Phone: 712-366-3647 Primary Local Site Contact: <i>Christy Nash – 712-366-3647</i></p>	<p>Norwalk Norwalk High School 1201 North Avenue, Room 102 Phone: 515-981-4201 Primary Local Site Contact: <i>Connie Thompson – 515-981-4201 x30</i></p>
<p>Creston Creston High School 601 West Townline Road, Room 404 Phone: 641-782-2116 Primary Local Site Contact: <i>Jeff Norman – 641-782-2116</i></p>	<p>Ottumwa Great Prairie AEA - 1 2814 N Court Street Phone: 641-682-8591 Primary Local Site Contact: <i>Shirley Walker – 641-682-8591 x5220</i></p>

<p>Davenport Eastern Iowa Community College - 1 326 West 3rd Street, Kahl Educational Center, Room 300 Phone: 563-336-5200 Primary Local Site Contact: <i>Catarina Pena – 563-336-5228</i></p>	<p>Remsen Remsen–Union High School 511 Roosevelt Phone: 712-786-1101 Primary Local Site Contact: <i>Stacey Galles – 712-786-1101</i></p>
<p>Decorah Decorah High School 100 East Claiborne Drive Phone: 563-382-3643 Primary Local Site Contact: <i>Mark Albers – 563-382-3643</i></p>	<p>Sioux City Northwest Area Education Agency 1520 Morningside Avenue, Room 206 Phone: 712-274-6000 Primary Local Site Contact: <i>Jim Christensen – 712-222-6211</i></p>
<p>*Des Moines – Origination Site State Library - 3 East 12th & Grand Avenue, Ola Babcock Miller Building (Old Historical Building) Phone: 515-281-4316 Primary Local Site Contact: <i>Toni Blair – 515-281-8958</i></p>	<p>Washington Kirkwood Learning Center 111 Westview Drive Phone: 319-653-4655 Primary Local Site Contact: <i>Nancy Rash – 319-653-4655</i></p>
<p>Dubuque Keystone Area Education Agency 2310 Chaney Road, Room 2 Phone: 563-556-3310 Primary Local Site Contact: <i>Judy Gantenbein - 563-556-3310</i></p>	<p>Waterloo Department of Human Services 1407 Independence Avenue, Pinecrest Building, Phone: 319-291-2441 Primary Local Site Contact: <i>Vickie Westendorf – 319-292-2430</i></p>
<p>Fort Dodge Fort Dodge Public Library 424 Central Avenue Phone: 515-573-8167 Primary Local Site Contact: <i>Deb Kern – 515-573-8167 x232</i></p>	

*Origination site

BFH Grantee Committee Meeting
February 15, 2011
9 a.m. – 12 p.m.
ICN

Agenda

9:00 a.m.	Call to Order Introductions & Roll Call	<i>Cari Spear</i>
9:10 a.m.	Budget and Health Care Reform	<i>Julie McMahon/Beth Jones</i>
9:45 a.m.	<i>hawk-i</i> Presumptive Eligibility	<i>Melissa Ellis</i>
10:00 a.m.	CAReS & WHIS Chart Audit Tools	<i>Shelley Horak</i>
10:15 a.m.	RFP Evaluation Results	<i>Shelley Horak</i>
10:25 a.m.	Informing & Care Coordination Protocols and Sample Documentation	<i>Kari Prescott</i>
10:45 a.m.	CCNC Update	<i>Analisa Pearson</i>
10:55 p.m.	Agenda Items for Next Meeting/ Adjourn	<i>Cari Spear</i>
11:00 a.m.	Logic Model Training	<i>Lindsay Miller</i>

*This is a required meeting for Bureau of Family Health contractors (Maternal Health, Child Health, and Family Planning).